

Antenna Test Facility (ATF) Test Request Worksheet

This worksheet will facilitate the development of a cost and schedule estimate for utilizing the ATF. Please complete this form and submit to the ATF Laboratory Manager,
greg.y.lin@nasa.gov

Test Requester Information

Test Article Expert:	Contact Information (Phone, E-mail, Address):

Test Objectives

Purpose of Test:	
Proposed Test Start Date:	Critical Test Start Date:

Test Article

Test Article Description:	
Physical Dimensions (L/W/H):	
Weight:	Center of Gravity:

Test Article Interface

Test Article Mounting (Mounting flange provided by requester/supplied by facility):

Power Requirements:

Antenna Interface (Requester-/Facility-provided cables and connectors):

Test Article Handling Requirements

Cleanliness Level:

Controlled Access:

Special Moving/Handling:

Positioning and Control

Antenna Pattern 1	Azimuth (A):	Elevation (B):	Roll (C):
	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):
Antenna Pattern 2	Azimuth (A):	Elevation (B):	Roll (C):
	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):
Antenna Pattern 3	Azimuth (A):	Elevation (B):	Roll (C):
	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):	Axis Rotation (degrees per second):

Test Conditions

Complete the Test Conditions table below or provide a plot of the test conditions

Type	Minimum	Maximum	Tolerance
Frequency Range			
Gain			
Power Level			
Test Mode	Receiving <input type="checkbox"/>	Transmitting <input type="checkbox"/>	Both <input type="checkbox"/>
	Single Pattern <input type="checkbox"/>	Radiation Distribution Plot <input type="checkbox"/>	Both <input type="checkbox"/>

Instrumentation

Instrumentation Provided by Test Requester:

List the primary measurements to be made (e.g., amplitude, phase, polarization, gain, axial ratio):

Data Acquisition and Recording

Data Handling Requirements (storage, expedited delivery, format):

Other Information

List any other information pertinent to the test:

Test Article Hazard Checklist

A hazard analysis statement is required for any of the following applicable attributes of any of your provided hardware (e.g., test article, support equipment)

Hazard	Y	N	Comments
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	
Handling (> 40 lb or > 4 ft, any dimension)	<input type="checkbox"/>	<input type="checkbox"/>	
Instable/Fragile	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp Edges	<input type="checkbox"/>	<input type="checkbox"/>	
Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed Mechanisms (e.g., rotating, reciprocating)	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Systems	<input type="checkbox"/>	<input type="checkbox"/>	
Stored Energy (e.g., springs, weights, flywheels)	<input type="checkbox"/>	<input type="checkbox"/>	
Ejected parts, projectiles	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Voltage (> 50 volts)	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	
Generation/Storage (e.g., coils, magnets, capacitors)	<input type="checkbox"/>	<input type="checkbox"/>	
Electrostatic Sensitive Devices	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Surfaces (> 113 °F, 45 °C)	<input type="checkbox"/>	<input type="checkbox"/>	
Heaters	<input type="checkbox"/>	<input type="checkbox"/>	
Cold Surfaces (< 39 °F, 4 °C)	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling Devices	<input type="checkbox"/>	<input type="checkbox"/>	

Hazard	Y	N	Comments
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Ionizing	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Ionizing	<input type="checkbox"/>	<input type="checkbox"/>	
Laser	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared (IR)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet (UV)	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Frequency (RF)	<input type="checkbox"/>	<input type="checkbox"/>	
Visible Light, High Intensity	<input type="checkbox"/>	<input type="checkbox"/>	
Material	<input type="checkbox"/>	<input type="checkbox"/>	
Uncontained Brittle Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Test Environment Incompatibility	<input type="checkbox"/>	<input type="checkbox"/>	
Contained Fluids	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic, Corrosive, Flammable Fluids	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	
Noise Level (> 85 dBA)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasonic	<input type="checkbox"/>	<input type="checkbox"/>	
Pyrotechnics/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	